Approved for use through 7/31/2006. OMB 0651-0032
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Trick Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. 09/752,721-Conf. #1215 ees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** FEE TRANSMITTAL January 3, 2001 Filing Date First Named Inventor Bum-Sik SEO

For FY 2005 Examiner Name J. J. Vent Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2616 0465-0705P

| TOTAL AMOUNT OF PAYME | NT (\$) | 1,690.00 | Attorney Doci | cet No. | 0465-0795P | | |
|---|---------------|--------------|--------------------------------------|---|---------------------------|--------------------|---------------|
| METHOD OF PAYMENT (check all that apply) | | | | | | | |
| x Check Credit Card Money Order None Other (please identify): | | | | | | | |
| Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee | | | | | | | |
| Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | | | | | | | |
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| FILING FEES SEARCH FI Small Entity Small | | | | | INATION FEES Small Entity | ı | |
| Application Type | | Fee (\$) Fee | Small Enti (\$) Fee (\$) | Fee (\$ | | Fees Paid (| <u>\$)</u> |
| Utility | 300 | 150 50 | 0 250 | 200 | 100 | | |
| Design | 200 | 100 10 | 0 50 | 130 | 65 | | |
| Plant | 200 | 100 30 | 0 150 | 160 | 80 | | |
| Reissue | 300 | 150 50 | 0 250 | 600 | 300 | | |
| Provisional | 200 | 100 | 0 0 | 0 | 0 | | |
| 2. EXCESS CLAIM FEES Small Entity | | | | | | | |
| Fee Description | | | | | | | <u>e (\$)</u> |
| Each claim over 20 (including Reissues) | | | | | | 50 | 25 |
| Each independent claim over 3 (including Reissues) Multiple dependent claims | | | | | | | 100 |
| | | | | | | | 180 |
| Total Claims | | | | <u>Multiple Dependent Claims</u> Fee (\$) Fee Paid (\$) | | | |
| = x = Fee (5) Fee Paid (\$) | | | | | | | |
| Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) | | | | | | | |
| - = | x | = | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer | | | | | | | |
| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| | Sheets | . , . , . , | additional 50 or 1 | • | eof Fee (\$) | <u>Fe</u> e Paid (| \$) |
| - 100 = /50 (round up to a whole number) x = | | | | | | | |
| 4. OTHER FEE(S) | | | | | | Fees Paid | (\$) |
| Non-English Specification. \$130 fee (no small entity discount) | | | | | | | |
| Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) | | | | | | 790.00 | |
| 1253 Extension for response within third month 900.00* | | | | | | | |
| SUBMITTED BY A A A A A A A A A A A A A A A A A A | | | | | | | |
| Signature (ams) | <u> 2000,</u> | 6 #39.3 | Registration No. (Attorney/Agent) | 40,95 | 3 Telephone | (703) 205-800 | 00 |
| Name (Print/Type) Esther H. Cl | nong | 10 | | | Date | December 6, 20 | 005 |

* One month extension of time paid on October 7, 2005